

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

November 16, 1981



ALL-COUNTY INFORMATION NOTICE I- 144-81

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REDUCTION OF TITLE XX REPORTING REQUIREMENTS EFFECTIVE OCTOBER 1, 1981,
DUE TO IMPLEMENTATION OF THE TITLE XX BLOCK GRANT.

REFERENCE: DEPARTMENT OF SOCIAL SERVICES MANUAL OF POLICIES AND PROCEDURES,
SECTION 26-514.

Block grant funding of the Title XX Social Services Program became effective with the 1981-82 Federal Fiscal Year.

With the implementation of block grant funding, the Title XX Social Services Reporting Requirement was significantly reduced.

Effective October 1, 1981 (beginning with the October-December report quarter), DSS is implementing a temporary reporting system to collect minimum data until a comprehensive evaluation of data needs is completed.

In this temporary system, the SOC 242 has been modified to require only the Title page and Form 2A.

Form 2A has been modified to require the following:

1. Report only the mandated services listed below:

- Protective Services to Children (including 24-Hour Emergency Response)
- Protective Services for Adults
- Out-of-Home Care Services for Children
- Out-of-Home Care for Adults
- In-Home Supportive Services

Refer to attachment.

2. Report in each column on line 10, the total count for all the types of optional services provided for each category.

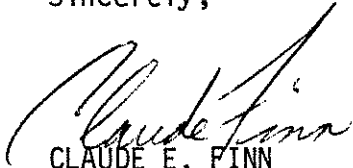
3. Report the Information and Referral Services count (formerly reported on Form 3A) on line 23. Only one count in the "total" column is required.

SOC 242 Forms 1, 2B, 3A, 3B, 5, and 7 and the Edit Guide are discontinued. Thus, the revised SOC 242 quarterly report will consist of: (1) the Title Page; and (2) Form 2A showing the mandated services provided, one line for all optional services, and one line to report the I&R count.

It is anticipated that a revised Social Services Reporting System will be developed by July 1, 1982, to replace this temporary reporting system.

If there are any questions relating to the temporary reporting instructions, please contact Kip Steely at (916) 323-2330.

Sincerely,



CLAUDE E. FINN
Deputy Director
Administration Division

Attachments

FORM 2A

SOCIAL SERVICES PROVIDED TO PRIMARY RECIPIENTS

Period Ending
Mo. Yr.
Quarterly

Name of County

SOCIAL SERVICES	TOTAL	TITLE XX				TITLE XX SSI				TITLE XX			
		AFDC		INCOME ELIGIBLE		AGED	BLIND		DISABLED	INCOME ELIGIBLE (MEDICAL)		WITHOUT REGARD TO INCOME (PROTECTIVE GOAL ONLY)	
		No. Adult Recipients	No. Child Recipients	No. Adult Recipients	No. Child Recipients		No. Adult Recipients	No. Child Recipients		No. Adult Recipients	No. Child Recipients		
TOTAL													
Protective Services for Children													
Protective Services for Adults													
Out-of-Home Care for Children													
Out-of-Home Care for Adults													
Child Day Care													
Health Related													
Family Planning													
In-Home Supportive													
Employment Related													
OPTIONAL SERVICES													
Special Care for Children in Their Own Homes													
Home Management and Other Functional Educational Services													
Employment Education Training													
Services to Children with Special Problems													
Services to Alleviate or Prevent Family Problems													
Sustenance													
Housing Referral Services													
Legal Referral Services													
Diagnostic Treatment Services for Children													
Special Services for the Blind													
Special Services for Adults													
Services to Disabled Individuals													
Services to County Jail Inmates													
INFORMATION AND REFERRAL													

Form 2A

SOCIAL SERVICES PROVIDED TO PRIMARY RECIPIENTS

Report each type of mandatory or optional Title XX Social Service provided at any time during the report period. The type of service may have been received either directly by the Primary Recipient, or it may have been provided to another individual on behalf of the Primary Recipient.

If a Primary Recipient changed reporting categories (within Title XX) during the report period, report all services under the reporting category in effect on the last day of the report period, even if some services were provided while the primary recipient was under a different Title XX reporting category.

If during the report period a Primary Recipient received (1) Employment Services, (2) Family Planning Services, and (3) Health Related Services, count this individual three times on this form; once under each type of service he or she received during the report period (i.e., Form 2A actually calls for a count of types of services received by Primary Recipients or by other individuals on their behalf).

If an AFDC recipient mother received Employment Services, Health-Related Services, and had three children, each of whom received a different kind of child day care service on her behalf, report this case on Form 2A under the AFDC reporting category; once for Employment Services, once for Health-Related Services, and once for Child Day Care Services. Child Day Care Services were provided to the three children on behalf of the AFDC mother who is the Primary Recipient. The unit of count is the Primary Recipient.

Do Not report the incidence count of Information and Referral Services by reporting category on this form. When an Information and Referral Service is provided to a Primary Recipient and the referral is for a Title XX service contained in the county social service plan, report the service to which referred. If the referral is for a service not contained in the county plan include the incidence count of Information and Referral on Form 3A.

If a Primary Recipient received services during the report period under two programs (i.e., Title XX and Title IV-C), report all Title XX services received on Form 2A and all Title IV services received on Form 2B. Such recipients will thus appear on both Forms 2A and 2B.

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 445-2174



November 13, 1981

ALL-COUNTY INFORMATION NOTICE I-143-81

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: TITLE XX BLOCK GRANT SURVEY

REFERENCE: ACIN I-133-81, 10/16/81; ACL 81-107, 10/20/81

The purpose of this notice is to provide you with a summary of social services-related legislative activity to date, and to request your assistance in providing the Department with an assessment of the local-level impact of the Social Services Block Grant Program.

Enactment of the Federal Omnibus Reconciliation Act of 1981 (P.L. 97-35) on August 13, 1981 resulted in the provision of Title XX Social Services funding under a block grant concept which required states to pass enabling legislation to accept and administer grants. On October 2, 1981 AB 2185 (Vasconcellos) was adopted and provided for state assumption of administrative responsibility for the Social Services and Low-Income Home Energy Assistance block grants for State Fiscal Year 1981-82.

The provisions of AB 2185 do not become effective until January 1, 1982; however, the funding reductions of the Social Services Block Grant became a reality on October 1, 1981. Therefore, the Department of Social Services advanced a number of proposals that were designed to minimize the impact of the funding reductions in the social services area.

Initially, the Department's efforts were focused on implementing the changes required by the block grant through the legislative process by proposing amendments to AB 799 (Lockyer). However, as you may be aware, this piece of legislation was not enrolled prior to the Legislature's adjournment.

Accordingly, faced with the prospect of the rapid exhaustion of remaining social services funds, the Department had no alternative other than immediate administrative action to: 1) implement emergency regulations designed to establish service program priorities; and 2) develop and release social services allocations which reflected the realities of reduced federal funding.

The recent recall of the Legislature for special session to resolve pressing matters related to public assistance and services underscores the need for updated program impact information in the area of social services. Therefore, the Department must be prepared to provide an accurate analysis of what the effects of these services-related policy changes have been on the actual delivery of social services at the local level. This information will be essential in the determination of state resource allocations for social services now and in the future. Therefore, I am requesting your help in providing a critical review of the effects of the Block Grant Program in your county by completing and returning the attached survey form by December 4, 1981.

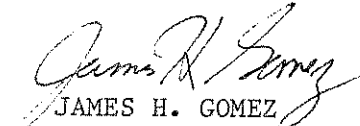
I feel that it is imperative that your county participate in this survey so that our report to the Legislature is a complete and accurate portrayal of the impact at the local level.

Please return your survey form no later than December 4, 1981 to:

State of California
Department of Social Services
Social Services Planning Branch, M/S 5-135
744 P Street
Sacramento, CA 95814

Questions related to the survey form may be directed to William Anderson at (916) 445-2174.

Sincerely,


JAMES H. GOMEZ
Deputy Director

Attachment

cc: CWDA

Instructions

The purpose of this survey is to obtain your assistance in providing the Legislature with an assessment of the impact of the Social Services Block Grant Program. This information will be essential in the determination of state resource allocations for social services now and in the immediate future. The survey is an attempt to measure the results of the reduction in funding, All-County Letter (ACL) 81-107, and the recent changes in Title XX social services which reduced mandated programs from ten to six, All-County Information Notice (ACIN) 1-133-81.

The survey is organized into three sections:

- Section I: Program Specific Related to the Six Mandated Title XX Programs.
Questions in this Section are designed to measure the program impact of reduced funding on staffing, caseload and service activities.
- Section II: Program Specific Related to the Four Repealed Title XX Programs.
Questions in this Section are designed to determine the number of clients affected by elimination of the programs and the availability of alternative resources.
- Section III: Optional Programs.
Questions in this Section are designed to measure the program impact of reduced funding on staffing and caseload. This Section also asks if optional programs or their service activities are to be reduced or eliminated.
- Section IV: General Title XX Questions.
Questions in this Section are designed to measure the program impact of reduced funding and program changes on staffing patterns, contracting for services and claiming. This Section also provides an opportunity to present other methods you have used, or plan to use, to address reduced funding and program changes.

It is important that we receive complete information in each of these areas to prepare an accurate analysis of the changes in the delivery of social services at the local level.

Please complete and return the survey by December 4, 1981 to:

Department of Social Services
Social Services Planning Branch
744 P Street, M.S. 5-135
Sacramento, CA 95814

Questions concerning this survey may be directed to William B. Anderson at (916) 445-2174.

State of California
IMPACT OF REDUCED SOCIAL
SERVICE ALLOCATIONS FOR
COUNTIES

County

Date

Protective Services for Children

A. Staffing

1. How many full time equivalent social workers were included in your budget for 1981-82? _____
2. How many of those positions will be eliminated as a result of ACL 81-107 and ACIN 1-133-81? _____
3. Has any staff from this program been redirected? ☐ Yes ☐ No
If yes, indicate where. _____

B. Caseload

1. What was the average social worker caseload prior to receipt of ACL 81-107 and ACIN 1-133-81? _____
2. What is the current or projected average social worker caseload? _____

C. Service Activities

1. Were any specific services and/or social worker activities eliminated as a result of ACL 81-107 and ACIN 1-133-81? ☐ Yes ☐ No
If yes, list activities. _____

2. Were any specific services and/or activities reduced or modified as a result of ACL 81-107 and ACIN 1-133-81? ☐ Yes ☐ No
If yes, list activities. _____

Person completing form

Phone

Date

State of California
IMPACT OF REDUCED SOCIAL
SERVICE ALLOCATIONS FOR
COUNTIES

County

Date

Out-of-Home Care Services for Children

A. Staffing

1. How many full time equivalent social workers were included in your budget for 1981-82? _____
2. How many of those positions will be eliminated as a result of ACL 81-107 and ACIN 1-133-81? _____
3. Has any staff from this program been redirected? ☐ Yes ☐ No
If yes, indicate where. _____

B. Caseload

1. What was the average social worker caseload prior to receipt of ACL 81-107 and ACIN 1-133-81? _____
2. What is the current or projected average social worker caseload? _____

C. Service Activities

1. Were any specific services and/or social worker activities eliminated as a result of ACL 81-107 and ACIN 1-133-81? ☐ Yes ☐ No
If yes, list activities. _____

2. Were any specific services and/or activities reduced or modified as a result of ACL 81-107 and ACIN 1-133-81? ☐ Yes ☐ No
If yes, list activities. _____

Person completing form

Phone

Date

State of California
IMPACT OF REDUCED SOCIAL
SERVICE ALLOCATIONS FOR
COUNTIES

County

Date

In-Home Supportive Services

A. Staffing

1. How many full time equivalent social workers were included in your budget for 1981-82? _____
2. How many of those positions will be eliminated as a result of ACL 81-107 and ACIN 1-133-81? _____
3. Has any staff from this program been redirected? _____ Yes _____ No
If yes, indicate where.

B. Caseload

1. What was the average social worker caseload prior to receipt of ACL 81-107 and ACIN 1-133-81? _____
2. What is the current or projected average social worker caseload? _____

C. Service Activities

1. Were any specific services and/or social worker activities eliminated as a result of ACL 81-107 and ACIN 1-133-81? _____ Yes _____ No
If yes, list activities.

2. Were any specific services and/or activities reduced or modified as a result of ACL 81-107 and ACIN 1-133-81? _____ Yes _____ No
If yes, list activities.

Person completing form

Phone

Date

State of California
IMPACT OF REDUCED SOCIAL
SERVICE ALLOCATIONS FOR
COUNTIES

County

Date

Information and Referral

A. Staffing

1. How many full time equivalent social workers did you budget for initially in 1981-82? _____
2. How many of those positions were eliminated as a result of ACL 81-107 and ACIN 1-133-81? _____
3. Has any staff from this program been redirected? ___ Yes ___ No
If yes, indicate where.

B. Incidence Count

1. Since the receipt of ACL 81-107 and ACIN 1-133-81, has the I & R incidence count:
 - a. Increased? ___ Yes ___ No
If yes, by what percentage? _____
 - b. Decreased? ___ Yes ___ No
If yes, by what percentage? _____
 - c. Remained the same? ___ Yes ___ No

C. Service Activities

1. Were any service activities eliminated as a result of ACL 81-107 and ACIN 1-133-81? ___ Yes ___ No
If yes, list activities.

2. Were any service activities reduced as a result of ACL 81-107 and ACIN 1-133-81? ___ Yes ___ No
If yes, list activities.

Person completing form

Phone

Date

State of California
IMPACT OF REDUCED SOCIAL
SERVICE ALLOCATIONS FOR
COUNTIES

County

Date

Family Planning

A. Staffing

1. How many full time equivalent social workers were included in your budget for 1981-82? _____
2. How many of those positions will be eliminated as a result of ACL 81-107 and ACIN 1-133-81? _____
3. Has any staff from this program been redirected? ☐ Yes ☐ No
If yes, indicate where.

B. Caseload

1. What was the total caseload prior to receipt of ACL 81-107 and ACIN 1-133-81? _____
2. Were any clients referred to another CWD program as a result of ACL 81-107 and ACIN 1-133-81? ☐ Yes ☐ No
If yes, indicate number and program.

3. How many clients were referred to community resources? _____

Person completing form

Phone

Date

State of California
IMPACT OF REDUCED SOCIAL
SERVICE ALLOCATIONS FOR
COUNTIES

County

Date

Health Related Services

A. Staffing

1. How many full time equivalent social workers were included in your budget for 1981-82? _____
 2. How many of those positions will be eliminated as a result of ACL 81-107 and ACIN 1-133-81? _____
 3. Has any staff from this program been redirected? ☐ Yes ☐ No
If yes, indicate where.
- _____
- _____
- _____

B. Caseload

1. What was the total caseload prior to receipt of ACL 81-107 and ACIN 1-133-81? _____
 2. Were any clients referred to another CWD program as a result of ACL 81-107 and ACIN 1-133-81? ☐ Yes ☐ No
If yes, indicate number and program.
- _____
- _____
- _____

3. How many clients were referred to community resources? _____

Person completing form

Phone

Date

State of California
IMPACT OF REDUCED SOCIAL
SERVICE ALLOCATIONS FOR
COUNTIES

County

Date

Out-of-Home Care Services for Adults

A. Staffing

1. How many full time equivalent social workers were included in your budget for 1981-82? _____
2. How many of those positions will be eliminated as a result of ACL 81-107 and ACIN 1-133-81? _____
3. Has any staff from this program been redirected? ☐ Yes ☐ No
If yes, indicate where. _____

B. Caseload

1. What was the average social worker caseload prior to receipt of ACL 81-107 and ACIN 1-133-81? _____
2. What is the current or projected average social worker caseload? _____

C. Service Activities

1. Were any specific services and/or social worker activities eliminated as a result of ACL 81-107 and ACIN 1-133-81? ☐ Yes ☐ No
If yes, list activities. _____
2. Were any specific services and/or activities reduced or modified as a result of ACL 81-107 and ACIN 1-133-81? ☐ Yes ☐ No
If yes, list activities. _____

Person completing form

Phone

Date

State of California
IMPACT OF REDUCED SOCIAL
SERVICE ALLOCATIONS FOR
COUNTIES

County

Date

Protective Services for Adults

A. Staffing

1. How many full time equivalent social workers were included in your budget for 1981-82? _____
 2. How many of those positions will be eliminated as a result of ACL 81-107 and ACIN 1-133-81? _____
 3. Has any staff from this program been redirected? ___ Yes ___ No
If yes, indicate where.
- _____
- _____

B. Caseload

1. What was the average social worker caseload prior to receipt of ACL 81-107 and ACIN 1-133-81? _____
2. What is the current or projected average social worker caseload? _____

C. Service Activities

1. Were any specific services and/or social worker activities eliminated as a result of ACL 81-107 and ACIN 1-133-81? ___ Yes ___ No
If yes, list activities.
- _____
- _____

2. Were any specific services and/or activities reduced or modified as a result of ACL 81-107 and ACIN 1-133-81? ___ Yes ___ No
If yes, list activities.
- _____
- _____

Person completing form

Phone

Date

State of California
IMPACT OF REDUCED SOCIAL
SERVICE ALLOCATIONS FOR
COUNTIES

County

Date

Employment Related Services

A. Staffing

1. How many full time equivalent social workers were included in your budget for 1981-82? _____
2. How many of those positions will be eliminated as a result of ACL 81-107 and ACIN 1-133-81? _____
3. Has any staff from this program been redirected? ☐ Yes ☐ No
If yes, indicate where. _____

B. Caseload

1. What was the total caseload prior to receipt of ACL 81-107 and ACIN 1-133-81? _____
2. Were any clients referred to another CWD program as a result of ACL 81-107 and ACIN 1-133-81? ☐ Yes ☐ No
If yes, indicate number and program. _____

3. How many clients were referred to community resources? _____

Person completing form

Phone

Date

State of California
IMPACT OF REDUCED SOCIAL
SERVICE ALLOCATIONS FOR
COUNTIES

County

Date

Child Day Care Case Management Services

A. Staffing

1. How many full time equivalent social workers were included in your budget for 1981-82? _____
 2. How many of those positions will be eliminated as a result of ACL 81-107 and ACIN 1-133-81? _____
 3. Has any staff from this program been redirected? _____ Yes _____ No
If yes, indicate where.
- _____
- _____
- _____

B. Caseload

1. What was the total caseload prior to receipt of ACL 81-107 and ACIN 1-133-81? _____
 2. Were any clients referred to another CWD program as a result of ACL 81-107 and ACIN 1-133-81? _____ Yes _____ No
If yes, indicate number and program.
- _____
- _____
- _____
3. How many clients were referred to community resources? _____

Person completing form

Phone

Date

State of California
IMPACT OF REDUCED SOCIAL
SERVICE ALLOCATIONS FOR
COUNTIES

County

Date

Optional Programs

A. Staffing

1. How many full time equivalent social workers did you budget for initially in 1981-82? _____
2. How many of those positions were eliminated as a result of ACL 81-107 and ACIN 1-133-81? _____
3. Has any staff been redirected? _____ Yes _____ No
If yes, indicate where.

B. Caseload

1. What was the average social worker caseload prior to receipt of ACL 81-107 and ACIN 1-133-81? _____

C. Program

1. Since the receipt of ACL 81-107 and ACIN 1-133-81, have you or do you intend to:

- a. Reduce or eliminate the number of optional programs available? _____ Yes _____ No

1. If yes, identify by program. _____

____ N/A

2. Indicate those that do not have alternative community resources.

3. Indicate how many recipients will lose services by program.

4. Which, if any, will you retain?

- b. Reduce the service activities in the remaining optional programs?

___ Yes ___ No

1. If yes, identify on a program by program basis the reduced activities in each.

2. Indicate those that do not have alternative community resources.

3. Indicate how many recipients will lose services by program.

Person completing form	Phone	Date
------------------------	-------	------

State of California
IMPACT OF REDUCED SOCIAL
SERVICE ALLOCATIONS FOR
COUNTIES

County

Date

General

A. Since the receipt of ACL 81-107 and ACIN 1-133-81
have you or do you intend to:

1. Terminate full time equivalent social service staff?

___ Yes ___ No

a. If yes, identify number as follows:

Program Delivery

SW I

SW II

SW III

SW IV

Program Administration

(supervisory, managerial,
budget & fiscal staff)

Program Support

(clerical & related)

2. Demote full time equivalent social service staff?

___ Yes ___ No

a. If yes, identify number as follows:

Program Delivery

SW I

SW II

SW III

SW IV

Program Administration

(supervisory, managerial,
budget & fiscal staff)

Program Support

(clerical & related)

3. Do you plan to reduce full time equivalent social service
staff by other than lay-off? (e.g., voluntary decrease in
working hours, job sharing, etc.)

___ Yes ___ No

4. Move any social worker staff to eligibility staff? ___ Yes ___ No
- a. If yes, how many? _____
- b. In what time frame? _____
- c. Will this increase eligibility worker staff? ___ Yes ___ No
- d. Will this affect average salary of remaining social workers? ___ Yes ___ No
1. If yes, by what percentage? _____
- e. Will this affect average salary of remaining eligibility workers? ___ Yes ___ No
1. If yes, by what percentage? _____
5. Over-match social service expenditures beyond your allocation as an alternative to lay-offs? ___ Yes ___ No
- a. If yes, indicate amount. _____
6. Reduce the salaries of full time equivalent social worker staff instead of lay-offs? ___ Yes ___ No
- a. If yes, by what percentage? _____
- b. Effective date? _____
7. Increase contracting with private providers? ___ Yes ___ No
- a. If yes, identify programs and/or functions within programs.

B. Of all the time charged to In-Home Supportive Services on Line G of the revised Social Worker Time Study - DFA 46/47 (Line C-8 of the obsoleted Time Study form) what percent would you estimate is associated with:

1. Assessment Activity (initial assessment, six-month reassessment, and other "Unscheduled assessments" - including travel time, home visits and documentation)? _____
2. Six-month reassessments only (again include travel time, home visits and documentation)? _____

3. Service Arrangement _____

4. Other Activities charged to this line:

C. If you have chosen activities that address the reductions in mandated programs and the funds available that are not covered by this questionnaire, please describe these activities and your reasons for selecting them.

D. Are there other significant impacts to your county not covered by this questionnaire? If so, please explain.

E. Has the elimination of some service mandates and/or options had an impact (positive or negative) on programs that continue to be mandated? If yes, describe effects.

Person completing form	Phone	Date
------------------------	-------	------